

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-876)

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1				
3		1				
4		1				
5		1				
6		1				
7		1				
8		1				
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47						
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49						
50						
TOTAL IND.	2					
TOTAL DEP.	11					
TOTAL	13					

	IND.	DEP.	IND.	DEP.	IND.	DEP.
61						
62						
63						
64						
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97						
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99						
100						
TOTAL IND.						
TOTAL DEP.						
TOTAL	13		13		13	